

## Cranial Remolding Orthosis (CRO) Device

**Cranial Remolding Orthosis (CRO) Device  
Medical Policy - DME103.007**

Please complete all appropriate questions fully.

Suggested medical record documentation:

- Current History & Physical

\*Failure to include suggested medical record documentation may result in delay or possible denial of request.

**Note:** For Predetermination, please fully complete and submit the [Predetermination Request Form](#).

**PATIENT INFORMATION**

Name:	Member ID	Group ID
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**PROCEDURE INFORMATION**

**Request for CRO:** Please complete all the questions fully. Failure to do so will result in delay or possible denial of claims.

Patient Age \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Multiple Birth? Yes \_\_\_\_ No \_\_\_\_

Primary Diagnosis \_\_\_\_\_ Date \_\_\_\_\_

Secondary Diagnosis \_\_\_\_\_ Date \_\_\_\_\_

Contributing Factor(s) resulting in diagnosis \_\_\_\_\_

Conservative Therapy done? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, type of Conservative Therapy \_\_\_\_\_  
 \_\_\_\_\_ # of Months \_\_\_\_\_

Measurement Completed by Physician or Orthotist? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, done manually? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, done by computer modeling scanner? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, graph/grid included with CRO request? Yes \_\_\_\_\_ No \_\_\_\_\_

Photographic Evidence included with CRO request? Yes \_\_\_\_\_ No \_\_\_\_\_

Surgery Required? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, specify the procedure: \_\_\_\_\_

**Part A - Craniofacial Anthropometric Measurements to Define Asymmetry** (measured in millimeters)

Area	Measurements	Calculation	Discrepancy
<u>Cranial (skull) Base</u>	<b>from</b> right and left subnasal ( <u>sn</u> ) point (midline under the nose) <b>to</b> tragus ( <u>t</u> ) (the cartilaginous projection in front of the external auditory canal)	<u>sn</u> to left <u>t</u> = _____ <b>minus</b> <u>sn</u> to right <u>t</u> = _____	
<u>Cranial Vault</u>	<b>from</b> right and left frontozygomaticus ( <u>fz</u> ) point (forehead just above the eye orbit) <b>to</b> right and left euryon ( <u>eu</u> ) (most lateral point of the head)	left <u>fz</u> to right <u>eu</u> = _____ <b>minus</b> right <u>fz</u> to left <u>eu</u> = _____	
<u>Orbitotragial Depth or Distance</u>	<b>from</b> right and left exocanthion ( <u>ex</u> ) point (outer point of the eye where the eyelids meet) <b>to</b> tragus ( <u>t</u> )	left <u>ex</u> to left <u>t</u> = _____ <b>minus</b> right <u>ex</u> to right <u>t</u> = _____	

<b>Proceed to Part B</b>			
<b>Part B – Cranial Index To Compare Width of the Head to its Length</b> (measured in millimeters, express as %)			
<u>Measurements</u>	<u>Calculation</u>	<u>Standard Deviation %</u>	
Head width measurement <b>from</b> euryon ( <u>eu</u> ) on one side of head to euryon ( <u>eu</u> ) <b>on</b> other side of head versus head length measurement <b>from</b> glabella ( <u>g</u> ) point <b>to</b> opisthocranion ( <u>op</u> )	Head width ( <u>eu to eu</u> ) x 100 = _____ Head length = _____ ( <u>g to op</u> )		
<b>Proceed to Part C</b>			
<b>Part C – Head Circumference</b> (measured in inches or centimeters, specify how expressed)			
<u>Increment</u>	<u>Date</u>	<u>Measurements</u>	<u>Percentile</u>
<u>Birth</u>			
<u>3 months</u>			
<u>6 months</u>			
<u>9 months</u>			
<u>12 months</u>			
<b>Proceed to Part D</b>			
<b>Part D – CRO Device Requested</b>			
<u>Device Type and Name</u>	<u>Recommended Use</u> (express in hours/day)	<u>Treatment Time</u> (express in months)	
<b>Proceed to Part E if Request is for CRO Replacement ONLY</b>			
<b>Part E – CRO Device Replacement</b>			
<u>Explanation of Reason for Device Replacement</u> (include documentation of head growth, comparison data of current to pre-treatment measurements, and helmet/band adjustments made during treatment course): <hr/> <hr/> <hr/>			

Revised 07/2009